

Atty Docket No. 022395-440700US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner Stephen M. D'Agosta

Group Art Unit 2683

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Stephen M. D'Agosta

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of DAVID A. HOSE et al., Application No. 09/903,982, filed July 11, 2001 for MONITORING BOUNDARY CROSSINGS IN A WIRELESS NETWORK are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form;
2. Fee Transmittal (in duplicate);
3. Petition to Extend Time (1-mo to extend to 5/3/05); and
4. Second Amendment Under 37 CFR 1.116.

Number of pages being transmitted, including this page: **19**

Dated: April 4, 2005


Kristina Alvarez

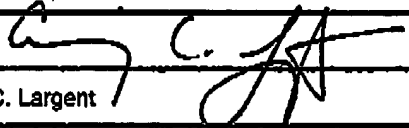
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Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 650-326-2400
Fax: 650-326-2422
60458756 v1

PTO/SB/21 (05-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/903,982
	Filing Date	July 11, 2001
	First Named Inventor	Hose, David A.
	Art Unit	2883
	Examiner Name	Stephen M. D'Agosta
Total Number of Pages in This Submission	Attorney Docket Number	022395-440700US

ENCLOSURES <small>(Check all that apply)</small>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks <input type="checkbox"/> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Craig C. Largent		
Date	4/4/05	Reg. No.	55,400

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-703-872-8308 on the date shown below.			
Signature			
Typed or printed name	Kristina Alvarez	Date	4/4/05

60458744 v1

PTO/SB/17 (12-04)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1420

Complete if Known

Application Number	09/903,982
Filing Date	July 11, 2001
First Named Inventor	Hose, David A.
Examiner Name	Stephen M. D'Agosta
Art Unit	2683
Attorney Docket No.	022395-440700US

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
33	-20 or HP = 6	x \$50	= \$300			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
9	-3 or HP = 5	x \$200	= \$1000			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

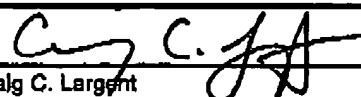
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition to Extend Time (1-mo to 5/3/05)

Fees Paid (\$)
120
SUBMITTED BY

Signature		Registration No. 56,400	Telephone 650-326-2400
Name (Print/Type)	Craig C. Largent		Date 4/4/05

60458737 v1

PTO/SB/17 (12-04)

Effective on 12/09/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

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Fees Paid (\$)

120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 56,400	Telephone 650-326-2400
Name (Print/Type)	Craig C. Largent		Date 4/4/05

60458737 v1